

TP

STUDENT OR THIRD PARTY  
ACCIDENT NOTICE

Caddo Parish School Board

SCHOOL/DEPT. \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATE AND TIME OF ACCIDENT \_\_\_\_\_

LOCATION OF ACCIDENT \_\_\_\_\_

INJURED PERSON

NAME \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_ RESIDENCE PHONE \_\_\_\_\_

WAS IT A STUDENT? \_\_\_\_\_ IF SO, GRADE \_\_\_\_\_

WHAT WAS INJURED DOING WHEN HURT-DESCRIBE ACCIDENT \_\_\_\_\_

\_\_\_\_\_

INJURY

NATURE & EXTENT OF INJURY \_\_\_\_\_

\_\_\_\_\_

WHERE WAS INJURED TAKEN \_\_\_\_\_

NAME OF DOCTOR \_\_\_\_\_

IF STUDENT, WERE PARENTS NOTIFIED? \_\_\_\_\_

PROPERTY DAMAGE

OWNER \_\_\_\_\_

ADDRESS \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_ RESIDENCE PHONE \_\_\_\_\_

LIST DAMAGE \_\_\_\_\_

ESTIMATED COST OF REPAIRS \_\_\_\_\_

WHAT COULD HAVE BEEN DONE TO PREVENT THIS OCCURRENCE \_\_\_\_\_

\_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Principal or Supervisor

**FORWARD FORM TO RISK MANAGEMENT DEPT.**